

<b>Case Number:</b>	CM15-0185213		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female with an industrial injury dated 05-26-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain and strain, back pain, contusion of buttocks and cervical sprain and strain. According to the progress note dated 07-08-2015, the injured worker reported constant moderately severe low back pain. The injured worker also reported dull mild pain in the right trapezius. The symptoms are exacerbated by bending and lifting and lessened by rest. The injured worker is tolerating current medications and durable medical equipment is helping with symptoms. The injured worker reported 60% improvement. Pain level was 4 out of 10 on a visual analog scale (VAS). Objective findings (07-08-2015) revealed costovertebral angle tenderness, neck muscle tenderness, trapezius on the right side, and tenderness of the paravertebral musculature with restricted back range of motion. Treatment has included diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. As of 07-08-2015, the injured worker remains on modified work duty. The utilization review dated 09-11-2015, non-certified the request for one referral-transfer of care to orthopedist for neck and back consultation, related to low back injury, as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**1 referral/transfer of care to orthopedist [REDACTED] for neck and back consultation, related to low back injury, as an outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent medical examinations and consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** The patient presents with back and neck pain. The request is for 1 referral/transfer of care to orthopedist [REDACTED] for neck and back consultation, related to low back injury, as an outpatient. The request for authorization form is not provided. Patient's diagnoses include contusion - back lower; contusion - buttocks; sprain/strain - cervical. Physical examination reveals there is neck muscle tenderness: trapezius - right sided. There is tenderness of the paravertebral musculature. Patient's medications include Metformin, Simvastatin, Zofran, Etodolac, Ultracet, Tramadol, and Orphenadrine. Per progress report dated 08/05/15, the patient is returned to work with restrictions. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Treater does not discuss the request. In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Referral/Transfer of Care to Orthopedist [REDACTED]. ACOEM guidelines generally allow and support referral to a specialist to aid in complex issues. The patient continues with back pain. Given the patient's diagnosis and physical exam findings, a Referral/Transfer of Care may contribute to improved management of symptoms. Therefore, the request IS medically necessary.